

APPLICATION FOR GUAM MOTOR VEHICLE DRIVER'S LICENSE

DRIVER'S EXAMINATION BRANCH

MOTOR VEHICLE DIVISION

Department of Revenue and Taxation

Government of Guam

855 West Marine Drive, Agaña 96910

☐ NEW

☐ RENEWAL

☐ DUPLICATE

Date: _____

LICENSE APPLIED FOR (Check One): ☐ OPERATOR ☐ CHAUFFEUR ☐ TAXICAB ☐ MOTORCYCLE ☐ LEARNER'S PERMIT

NAME: (LAST) (FIRST) (MIDDLE) SOCIAL SECURITY NUMBER DATE OF BIRTH LICENSE EXPIRES

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

SEX	HEIGHT	WEIGHT	COLOR EYES	PREVIOUS LICENSE	TYPE CODE	RESTRICTIONS	PHONE No.	OCCUPATION	EMPLOYER
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CITIZENSHIP (Check One) ☐ U.S.A. ☐ Chuuk (FSM) ☐ Yap (FSM) ☐ Kosrae (FSM) ☐ Pohnpei (FSM) ☐ Marshall Islands ☐ Belau ☐ OTHERS: _____

Do you have normal use of hands and feet? _____ If no, explain: _____

Do you understand traffic signs and signals? _____ If no, explain: _____

Has any of your previous licenses been suspended or revoked? _____ If yes, give date, reason and place: _____

Have you ever been refused an operator, chauffeur, taxicab, or motorcycle license in Guam? _____ If yes, give date and reason: _____

Have you ever been afflicted with epilepsy, insanity, paralysis, heart condition, diabetes, or other disability which might affect your driving control or ability? _____ If yes, explain fully: _____

Are you a habitual drunkard or addicted to the use of narcotic drugs or habitual user of any other types of drugs? _____ If yes, explain: _____

Have you ever been convicted of or pleaded guilty to any traffic violation? _____ If yes, state the name of each offense, date and place of conviction: _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT AND THAT I AM THE SAME PERSON AS HEREIN ABOVE DESCRIBED.

SIGNATURE

I, _____, do hereby certify that I am the _____ of the applicant herein who is a minor and that all the information provided (Mother, Father or Legal Guardian) is true and correct to the best of my knowledge. I also hereby grant my consent to the Driver's License Office to administer any and all authorized tests and to license the applicant to operate a motor vehicle on the highway.

(Signature of Parent or Legal Guardian of a Minor)

Date

Subscribed and sworn to before me this _____ day of _____, 19 _____.

NOTARY PUBLIC

RESTRICTIONS:

- | | |
|--|--|
| 1. Corrective Lenses | 9. Mechanical aid |
| 2. Hearing Aid | 10. Left/Right Outside Mirror |
| 3. Mute | 11. Powersteering |
| 4. Prosthetic Devices | 12. Medical Problems (stroke/diabetic) |
| 5. Full View Mirror | 13. Under 18 years of age |
| 6. Daytime Driving | 14. Other |
| 7. Automatic Transmission | |
| 8. Eye Abnormalities (Stigmatism/lazy eye/cataracts) | |

MAY OPERATE

- | |
|--|
| A. Car, Jeep & Pickup |
| B. Trucks 2.5 and over 10 tons |
| C. Truck-Tractor over 10 tons |
| D. Bus |
| E. Taxicab |
| F. Motorcycle |
| G. Mini-Bus (15 Passengers or less only) |
| H. Modified Vehicle |
| I. Other |

WRITTEN TEST

PASSED	FAILED	DATE	EXAMINER'S INITIAL
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EYE TEST _____ CLINIC TEST _____

EYE STATEMENT ISSUED (DATE) _____

ROAD TEST

PASSED	FAILED	DATE	EXAMINER'S INITIAL
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EXAMINER'S SIGNATURE _____

MEDICAL STATEMENT ISSUED (DATE) _____

REMARKS: _____

SOCIAL SECURITY IS REQUIRED: The furnishing of your Social Security Number is required pursuant to Section 3101, Title 16, Guam Code Annotated and Section 405(c) (1) (C), Title 42, United States Code. We need this information for the purpose of administering the Vehicle Code of Guam.